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41ST ASSEMBLY DISTRICT

AB 262: Defibrillator Training
Testimony by State Representative Joan Ballweg
Before the Senate Committee on Health, Human Services,
Insurance and Job Creation
February 20, 2008

Under current law there are specific occupations that are statutorily required to take cardiopulmonary resuscitation (CPR). The Department of Health & Family Services also requires individuals who work in certain programs licensed or regulated by the Department to complete a first aid course including CPR. Many of these individuals already receive training in the use of automated external defibrillators (AEDs) because, generally AED training is not conducted as a separate course, but as part of the CPR certification.

Nationally, 250,000 people die of sudden cardiac arrest (SCA) each year, and by having AEDs available and people trained on how to use them, as many as 50,000 of those individuals might be saved. There are four key points that enhance a victims chance of survival: Early recognition and access; early CPR; early defibrillation; and early advanced medical care. While Southeastern and Southcentral Wisconsin may be growing more and

more urbanized, the fact remains that much of Wisconsin is a rural landscape, and advance medical care is not always in close proximity. CPR and defibrillation combined together increase a victim's odds of surviving until medical personnel can arrive and transport the individual to a health care facility.

Even though the AED is automated, prior training helps the rescuer identify the signs of SCA and react. The decision to give assistance is very time sensitive, for every minute defibrillation is delayed, a victim's chance of survival decreases 10 percent.

CPR alone is usually not enough to save the life of a SCA victim. After a shock from an AED eliminates the irregular heartbeat, most hearts do not pump blood effectively for a few minutes after the shock. Chest compressions (part of the CPR process) are needed to during this time to provide blood to the heart, brain and other organs. So, the combination of these two life saving techniques enhance a victim's chance of survival.

AB 262 is a companion to SB 142 which is also before this committee. During the committee process in the Assembly, we adopted a

substitute amendment that made a number of technical changes to the bill.

The most important change by the substitute amendment was to clarify that the bill requires instruction in the use of an AED and not a completely separate course. The requirements for dentists and hygienists are codified in statute rather than promulgated as rules. It also directs DHFS to approve the organizations and institutions that may provide instructions in AEDs.

I hope this committee would advance both AB 262 and SB 142. If there are any questions, I would be happy to answer any questions now.

Johnson, Kelly

From: Laundrie, Julie
Sent: Tuesday, February 19, 2008 3:08 PM
To: Johnson, Kelly
Subject: FW: Confirmation of the Appointment of Dr. Humberto Vidaillet to the UW Hospitals and Clinics Authority and Board

From: Elias, Nathan D [mailto:ELIAS.NATHAN@mcrf.mfldclin.edu]
Sent: Tue 2/19/2008 3:04 PM
To: Sen.Erpenbach; Sen.Vinehout; Sen.Carpenter; Sen.Sullivan; Sen.Roessler; Sen.Lazich; Sen.Kanavas
Subject: Confirmation of the Appointment of Dr. Humberto Vidaillet to the UW Hospitals and Clinics Authority and Board



MARSHFIELD CLINIC

Chairman Erpenbach and Members of the Senate Committee on Health, Human Services, Insurance, and Job Creation:

At your Executive Session tomorrow, one of the appointments you will be voting on is the appointment of Dr. Humberto Vidaillet to the UW Hospitals and Clinics Authority and Board. Dr. Vidaillet is a cardiologist at Marshfield Clinic and Director of the Marshfield Clinic Research Foundation. Marshfield Clinic strongly supports Dr. Vidaillet's appointment and hope you on the Committee will also look favorably on his appointment.

While we know you have gotten information regarding Dr. Vidaillet from the Governor's Appointments staff, as a reminder, below you will find a brief bio for Dr. Vidaillet. Should you have any further questions regarding Dr. Vidaillet, the appointment or Marshfield Clinic's support of it, please do not hesitate to contact either me or Dr. Bob Phillips.

Thank you in advance for your consideration of Dr. Vidaillet's appointment.

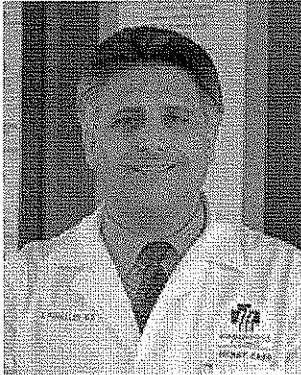
- Nate Elias

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2/20/2008

Humberto J. Vidaillet, M.D., FACP, FACC



Director, Marshfield Clinic Research Foundation

Humberto J. Vidaillet, M.D., obtained his residency training in internal medicine at Mayo Clinic and completed a cardiology/electrophysiology fellowship at Duke University Medical Center. He joined the Cardiology Department at Marshfield Clinic in 1987. Dr. Vidaillet is internationally recognized for his contribution to medical education and his expertise on cardiac rhythm disturbances. His research has focused on investigational drugs and devices in clinical trials sponsored by industry and government as well as on the epidemiology and clinical significance of cardiac arrhythmias in general populations using the Marshfield Epidemiology Study Area (MESA).

An avid researcher with more than 150 manuscripts and abstracts to his credit, Dr. Vidaillet received Marshfield Clinic Research Foundation's Gwen D. Sebold Award in 2002 in recognition of his outstanding research. He is scientist reviewer for several medical journals and holds teaching appointments as clinical professor of medicine at the University of Wisconsin School of Medicine and consulting professor of medicine at the University of Health Sciences in Medellin, Colombia, and the University of Chile School of Medicine in Santiago.

Dr. Vidaillet was appointed Director of Medical Research for the Marshfield Clinic system and Director of Marshfield Clinic Research Foundation on April 26, 2005. He continues his research activities and sees patients on a part-time basis.